Santa Barbara County Education Office
Susan C. Salcido, Superintendent

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DATE _____
Month Day Year

Attendance, Meal Count and Menu Record Sheet for Day Care Home Providers

California Department of Social Services
Child Care Food Program

Children — 12 months and older

AGE GROUPS
1 – 3 = A
3 – 6 = B
6 – 12 = C

PROVIDER'S NAME: _____

ATTENDANCE				MEAL COUNT					
AGE GROUP	TIME IN	CHILD'S NAME	TIME OUT	B	AM	L	PM	S	E
			TOTALS						

MENU

	REQUIRED COMPONENTS	NAME OF FOOD USED	
BREAKFAST (SERVE 3 of 4)	* Fruit, vegetable or both		
	* Whole grain ☐ bread or bread alternate		
	Meat or meat alternative (no more than 3x's a week)		
	* Milk: (1-2 yrs) (2 yrs and older)	☐ Whole ☐ 1% ☐ Fat free	
AM SNACK (SERVE 2 of 5)	Meat or meat alternate		
	Fruit		
	Vegetable		
	Whole grain ☐ bread or bread alternate		
	Milk: (1-2 yrs) (2 yrs and older)	☐ Whole ☐ 1% ☐ Fat free	
LUNCH / SUPPER (SERVE ALL)		Lunch	Supper
	* Meat or meat alternate		
	* Fruit		
	* Vegetable		
	* Whole grain ☐ bread or bread alternate		
	* Milk: (1-2 yrs) (2 yrs and older)	☐ Whole ☐ 1% ☐ Fat free	☐ Whole ☐ 1% ☐ Fat free
PM SNACK (SERVE 2 of 5)	Meat or meat alternate		
	Fruit		
	Vegetable		
	Whole grain ☐ bread or bread alternate		
	Milk: (1-2 yrs) (2 yrs and older)	☐ Whole ☐ 1% ☐ Fat free	
EVENING SNACK (SERVE 2 of 5)	Meat or meat alternate		
	Fruit		
	Vegetable		
	Whole grain ☐ bread or bread alternate		
	Milk: (1-2 yrs) (2 yrs and older)	☐ Whole ☐ 1% ☐ Fat free	

* - Required Components

☑ **Check milk type served for age group. Unflavored milk only**

☑ **Check "Whole Grain" box to indicate the meal it was served.**

- **Juice may be served once a day at snack only**
- **Breakfast meat/meat alternate may replace the full serving of bread/bread alternate at breakfast. No more than 3x's a week.**
- **Drinking water available at all times. Does not replace milk at meals.**

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